FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 725305

KENNETH CITY HOME OWNERS ASSOCIATION, INC.

Principal Place of Busin	iess
4600 S8TH ST. NORTH	0

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

27

Suite, Apt. #, etc.

6000-54TH AVE N KENNETH CITY FL 33709

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90194 028 ****61.25

3. Date Incorporated or Qualifed

01/15/1973

59-2368306

4. FEI Number



22		27			59-2306300		Not	Applicable]	
City & State				5. Certifcate of Status Desi			\$8.75 Additional Fee Required		
23		Zip	Country		C. Fl. No. Commiss Firensis		\$5.00.		
Zip ───	Country	F ' -	—ı		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24 25 29 30			30		10. Name and Address of New F	Ponistered A		1 003	
	9. Name and Address of Current	Registered Agent	81	Name	10. Haile and Address of New 1	tegistered A	90		
			"	1401110					
WHITMAN, MURIEL				Street A	Address (P.O. Box Number is Not Accepta	able)			
5711 53RD AVE N			100						
KENNETH CITY FL 33709			83						
				City	FL 85 Zip Code			ode	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AN		13.	, organization to	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	<u> </u>	P		Change	Addition	
NAME	WHITMAN, MURIEL		1.2 NAME	<u>. </u>	HARLENE M. BOWIE				
	5711 53RD AVE N		1.3 STREET	ADDRESS	5912 50th AVE. N.				
STREET ADDRESS			1.4 CITY-S		KENNETH CITY.FL.3	2700			
CITY-ST-ZIP	KENNETH CITY FL 33709	□ DELETE	2.1 TITLE		Ab	3/09_	□ Change	Addition	
TITLE	S HITTON HIDV		2.2 NAME	ľ	VP . ESTHER KELLER				
NAME	DUTTON, JUDY			· +DDDCOO					
STREET ADDRESS	5680 47 AVE N		2.3 STREE	- 1	4152 55th WAY N.	APT. 1 23709	.030		
CITY-ST-ZIP	KENNETH CITY FL	□ DELETE	2.4 CITY-S 3.1 TITLE	1:212	- Samuel - Villa Barrier - Control of the Artist - Con	<u> 55749</u>	Change	Addition	
TITLE !	D			F	5 				
NAME	CRAWBUCK, JOHN		3.2 NAME		JUDY DUTTON				
STREET ADDRESS	4700 58 STN		3.3 STREE	1	5680 47 AVE. N.				
CITY-ST-ZIP	KENNETH CITY FL	— Delete	3.4. CITY-S	T-ZIP	KENNETH CITY, FL.	33709	Change	☐ Addition	
TITLE	D	☐ DELETE	4,1 TITLE		T		Onlange	<u></u> , , , , , , , , , , , , , , , , , ,	
NAME	GREEN FIELD, HELEN		4, 2 NAME		FRAN LUKE				
STREET ADDRESS	5731 58TH AVE N			ADDRESS	5873 48th Avs. N.				
CITY-ST-ZIP	KENNETH CITY FL 33709		4.4 CITY-S	T-ZIP	KENNETH CITY, FL.	33709	Change	Addition	
TITLE	D	☐ DÉLETE	5.1 TITLE		D		☐ change		
NAME	OSTER, MAGE		5.2 NAME		MURIEL WHITMAN				
STREET ADDRESS	5103 57TH ST N		5.3 STREE	TADDRESS	5711 53rd AVE. N.				
CITY-ST-ZIP	KENNETH CITY FL 33709		5.4 CITY-\$	T-ZIP	KENNETH CITY, FL.	33709			
TITLE	D	☐ DELETE	6.1 TITLE	l			☐ Change	Addition Addition	
NAME	KOUN, GENE		6.2 NAME	ſ	ED PETROWSKI				
STREET ADDRESS			6.3 STREE	TADORESS	5693 45th AVE. N.				
CITY-ST-ZIP	KENNETH CITY FL 33709		6.4 CITY-S	T-ZIP		22700	_		
	portify that the information expelled will	h this filing does not qualify for	the exempt	ion stated	in Section 119.07(3/n); Florida Statutes.	THIRDY CON	fy that the in	formation	

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i), Frontae Statutes, I number certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARLENE GNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99 (727) 544-7725

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Applied For

Not Applicable

D DOLLY GREENFIELD 5731 53rd AVE. N. KENNETH CITY, FL. 33709

Doc# 725305

D DELORES URSO 6400 46th Ave. N. Apt. 207 St. Petersburg, Fl. 33709